

# APPLICATION FOR FREE AND REDUCED-PRICE MEALS

School Name \_\_\_\_\_

To apply for free or reduced-price meals for your child(ren), carefully COMPLETE, SIGN and RETURN this form to school. If you need help with this form, please call \_\_\_\_\_.

**Part 1** Complete this part for children ATTENDING this School/District but are **NOT** included in a Food Stamp, CA or FDPIR Case. (Go to Part 3)

Child's Name	Name of School	Grade	Teacher
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Part 2** Complete this Part for children attending this School/District **now receiving Food Stamp, CA or FDPIR benefits.** (Go to Part 5)  
**Food Stamp Case #:** \_\_\_\_\_ **CA Case #:** \_\_\_\_\_ **FDPIR Case #:** \_\_\_\_\_  
 The School/District will verify FSP, CA case numbers with the Department of Economic Security. FDPIR case numbers will be verified with the appropriate Indian Tribal Organization.

Child's Name	Name of School	Grade	Teacher
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

**Part 3** If you listed any children in Part 1, you MUST complete this Part **AND** Part 5. DO NOT complete this section if you receive *Food Stamps, CA or FDPIR* benefits – continue to Part 5.

**HOUSEHOLD MEMBERS:** List the names of everyone living in your household. **INCLUDE YOURSELF, OTHER ADULTS AND CHILDREN.** DO NOT INCLUDE CHILDREN LISTED IN PART 1, UNLESS THEY RECEIVE A REGULAR INCOME.

**MONTHLY INCOME:** Write the amount of monthly income and its source each person now gets on the same line as their name. List GROSS income BEFORE deductions for taxes, social security, etc.

Names	Write The Total Number of People In Your Household  (include yourself)	Monthly Earnings from Work (Before Deductions) Include all jobs	Monthly Welfare Payments Received, Child Support, CA & Alimony	Monthly Income from Pensions, Retirement and Social Security	Monthly Income from ALL OTHER sources of Income	No Income ✓ Here
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	

**Part 4 FOSTER/INSTITUTIONALIZED CHILD:** Complete a separate application for each foster/institutionalized child. Write child's personal use income and how often it is received. (Go to Part 5)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Monthly Income \_\_\_\_\_

**Part 5** Print Name \_\_\_\_\_  
 Mailing \_\_\_\_\_  
 Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_  
 Work Telephone Number \_\_\_\_\_

I hereby certify that all of the above information is true and that all income is reported. I understand that this information is being given in connection with the receipt of Federal funds; that the institution officials may verify this information; and that deliberate misrepresentation may subject me to prosecution under applicable State and Federal criminal statutes.

Signature and Social Security Number of adult household member who completes this form; or check the box below if this person does NOT possess a Social Security Number:

\_\_\_\_\_  
 Signature Social Security Number Date

If you DO NOT have a SS# - ✓ Here **ف**

## Eligibility

Total Household Size: \_\_\_\_\_  
 Total Monthly Income \$ \_\_\_\_\_  
 Food Stamp/CA/FDPIR \_\_\_\_\_

## Office Use Only

### Eligibility Determination

( ) Approved free ( ) Approved Reduced  
 ( ) Denied (Reason) \_\_\_\_\_  
 ( ) Temporary Approval Until \_\_\_\_\_  
 Date Approved \_\_\_\_\_ Date Notice Sent \_\_\_\_\_  
 Signature of Determining Official \_\_\_\_\_

Section 9 of the National School Lunch Act requires that, unless your children's Food Stamp, CA or FDPIR case number is provided, you must include the social security number of the adult household member signing the application, or an indication that the household member does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose social security number is disclosed. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of Food Stamps, CA or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

<b>Part 6</b>	<p><b>RACE:</b> Please check the race or ethnic identity of your child. You are not required to answer this question. We need this information to determine if benefits are allocated on a fair basis.</p> <p>( ) Black or African American          ( ) Asian          ( ) American Indian or Alaskan Native          ( ) Native Hawaiian or Other Pacific Islander          ( ) White          ( ) Hispanic or Latino</p>	<p>The United States Department of Agriculture (USDA) prohibits discrimination in all its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternate means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET center at (202) 720-2600 (voice and TDD).</p> <p>To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14<sup>th</sup> and Independence Avenue, SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.</p>
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### FOR SCHOOL USE ONLY

VERIFICATION	Verification Results:	Reason for Change:
Date Selected for Verification_____	( ) No Change	( ) Income
Response Due from Household_____	( ) Ineligible	( ) Household Size
Second Notice Sent_____	( ) Free to Reduced	( ) Refused to Cooperate
Date Response Received_____	( ) Reduced to Free	( ) Other _____
Sample Selection: ( ) Random ( ) Focused		
( ) 100% ( ) Other		
( ) Food Stamp/CA/FDPIR Eligibility:	( ) Monthly Income \$ _____	Date Adverse Notice Sent _____
( ) Not Confirmed	( ) Wage Stubs	Date of Change _____
( ) Food Stamp/CA/FDPIR Office	( ) Written Documents	Signature of _____
( ) Notice of Eligibility	( ) Collateral Contact	Verifying Official _____
( ) Agency records	( ) Other _____	Date _____

**MONTHLY INCOME CONVERSION: WEEKLY X 4.33; EVERY TWO WEEKS X 2.15; TWICE A MONTH X 2**